

Use the Power of Design

NOTES:

- To design a good evaluation, you need more structure than is provided by the client to design your study. Take what is provided in the evaluation terms of reference and add your own super-structure. Be able to explain to stakeholders why this is important.
- Follow that structure you develop from the design of the evaluation framework, through tool design, data collection and analysis to the structure of the final report.
- Use **program theory**, the **logic** that links the particular program together and describes the relationships between **program resources**, **program activities** and **program outcomes**. It is the **glue** that holds a program together. It is visually portrayed in a logic model. But it may not be enough or may not be appropriate in some contexts.
- Use your **literature review** to determine a useful framework or build on an **earlier study** if you feel that it provides a useful structure.
- Ground all your work in the research design and you will get a stronger and more useful product. Be sure to cite your sources. It will also make you look well-read!
- Recent examples:
 - ✓ To develop a knowledge management evaluation framework, I used Malhotra's 2002 structure for looking at intellectual assets. It included Organizational Capital, Human Capital, & Social Capital;
 - ✓ To analyze issues around patient safety, I used the error types provided by Ilan & Fowler (2005) along with the systems perspective provided by the Canadian Council on Health Service Accreditation (2003);
 - ✓ To design an evaluation framework for the health promotion programs in the Canadian military, I used the Ottawa Charter on Health Promotion (1986).

RESOURCES:

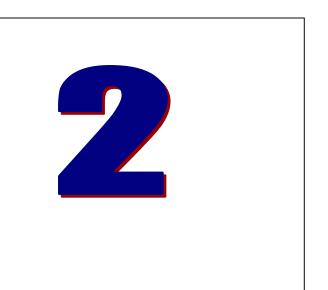
Goldberg, K.D. & K.J. Schmalz. (2006). Logic models: The picture worth ten thousand words. (pp. 8 – 12) Health Promotion Practice, 7 (1). Ilan, R. & Fowler, R. (2005). Brief history of patient safety culture and science. *Journal of Critical Care*, 20, 2-5. Royal College of Physicians and Surgeons. (2003). *The Canadian patient safety dictionary*. Retrieved April 9, 2007, from

http://rcpsc.medical.org/publications/PatientSafetyDictionary_e.pdf
W.K. Kellogg Foundation Evaluation Toolkit. *The evaluation handbook* and *Logic model development guide*

W.K. Kellogg Foundation Evaluation 100lkit. *The evaluation nanabook* and *Logic model development guide* http://www.wkkf.org/default.aspx?tabid=75&CID=281&NID=61&LanguageID=0

Malhotra, Y., (2002). Measuring Knowledge Assets of a Nation: Knowledge Systems for Development. New York. Rossi, P., M. W. Lipsey & H. E. Freeman. (2004) *Evaluation: A systematic approach*. Seventh edition. Thousand Oaks: Sage. http://www.who.int/hpr/NPH/docs/ottawa charter hp.pdf





Take an Evidence-focused Stance

EXAMPLE:

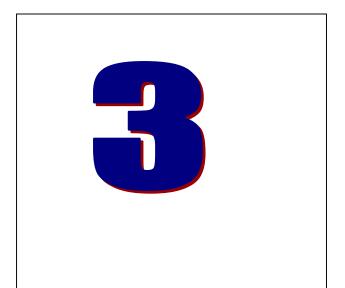
• Summarize evidence collected by question posed in the evaluation framework, link to conclusions and recommendations. This detailed table may go in an appendix.

and recommendations. This detailed table may go in an appendix.			
Evaluation Question	Evidence	Conclusion	Recommendation
Is there a continued need for the federal government's involvement in the development of a coordinated FPT strategy to improve xxx in Canada? (RMAF)	 Federal involvement is necessary to address several unique and critical roles—The Key Informants strongly supported the continued involvement of the federal government in the development of a coordinated FPT strategy for XXX: To provide national leadership and a pan-Canadian authority to the issue; To address a national responsibility that cannot be addressed by individual provinces or organizations as a result of the division of powers related to health care in Canada; To provide national funding because no individual province or organization would be able to contribute these resources; To provide national coordination at a high level in support of crossjurisdictional and crossorganizational collaboration and reduce duplication of effort; To provide regulatory oversight to ensure a consistent minimum level of XXX practice in order to maximize patient safety in Canada. 	The Key Informants strongly supported the continued involvement of the federal government in the development of a coordinated FPT strategy to improve XXX in Canada, In their view, no other government body or non-governmental group can fulfill this function or address this national responsibility by providing national leadership, funding, coordination and regulatory oversight.	 The XXX Organization should continue to work with all stakeholders to ensure that XXX rates are positively impacted in the next five-year period by Continuing to work with the CDM and a wide variety of XXX stakeholders to respond to the changing and complex needs of XXX Providing leadership, coordination and a pan-Canadian perspective for XXX.

• Then prepare a summary table for inclusion in the final report which can also be brought into the Executive Summary.

Evaluation Question	Evaluation Conclusion	
Is there a continued need for the federal government's involvement in the development of a coordinated FPT strategy to improve XXX in Canada? (RMAF)	The Key Informants strongly supported the continued involvement of the federal government in the development of a coordinated FPT strategy to improve XXX in Canada, In their view, no other government body or non-governmental group can fulfill this function or address this national responsibility by providing national leadership, funding, coordination and regulatory oversight.	





Expand Approaches to Reporting

NOTES:

- For report structure follow the evaluation framework and use the Health Technology Assessment reporting formula 1:3:25. For every one page for politicians, there are three pages for the decision maker and 25 pages for the content experts.
- Report writing can take up to 30% of a project's time and resources. It is essential to plan for it and do it well.
- Use a rubric for judging the quality of any evaluation report, whether it is written by yourself or by someone else. For example the peer review rubric developed by Bond and Ray (2006):

Program Description:

- ✓ Is the program described sufficiently for the intended audience to understand what is being evaluated?
- ✓ Does it cover context, purpose, procedures, funding source and program goals?

Evaluation Methodology:

- ✓ Are the evaluation questions answered in the report clearly stated?
- ✓ Are the evaluation design and methodology (including data collection and analysis) described in language that is accessible to the intended audience?
- ✓ Are limitations in the methodology made explicit? Are strengths?
- ✓ Are data sources reported in such a way to protect the confidentiality of respondents?

Findings:

- ✓ Are findings reported? Are alternative explanations for findings discussed?
- ✓ Is there evidence that data were systematically collected, analyzed and reported?
- ✓ Are findings supported by the data? Are they conveyed in a way that is easy to understand?
- ✓ Are negative data reported and discussed:
- ✓ Does the report communicate results in a way that respects stakeholders dignity and self worth?

Conclusions/Recommendations:

• Are recommendations supported by the data? Are they clear and actionable?

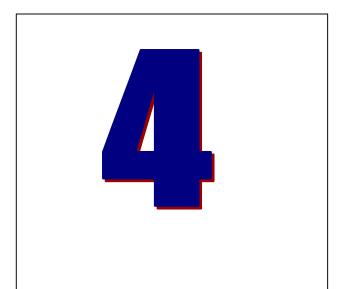
Overall Quality:

- Is the report well organized? Comprehensive? Clear? Does it need proofing or editing?
- Are graphics, charts and tables used to good effect?
- While PowerPoint presentations are important, they are too long, too detailed, too boring and you can't read them anyway. Try a maximum of 10 slides and focus on the policy questions.
- Plan for Knowledge Translation (KT) strategies, report early findings and planned processes in research reports and evaluate KT impact in a post-evaluation phase (Barwick, 2008).

RESOURCES:

Barwick, M. Knowledge Translation Research Plan Template. Hospital for Sick Children, Toronto, ON. 2008. Bond, Sally & Rae, Marilyn. (2006). Framework for Peer Reviewers of Evaluation Reports.





Build Client Capacity

NOTES:

- Clients and other stakeholders bring a lot of baggage to the evaluation table:
 - √ Feelings of powerlessness;
 - Fear of negative outcomes;
 - Lack of trust;
 - ✓ Heavy workloads; and
 - Lack of information.
- Find common ground and build from there. Do an **evaluability assessment** as Phase 1 of an evaluation to surface issues, determine data availability and build trust.
- Use a micro-teaching approach and provide timely, appropriate information about evaluation as needed. A collaborative, community development, adult education approach is respectful of the client's own knowledge base.
- Use metaphors to appeal to a wide stakeholder audience.
- Emerging trends in adult education can be used in evaluation processes:
 - The adult learner is now seen holistically, not just as an "information processor."
 - ✓ The learning process is more than the acquisition & storage of information—it is transformative and helps change our lives.
 - Context-based learning shapes the learning that takes place. It situates the learner in real-life activities, using real tools & real social interaction. It is demonstrated in communities of learners & learning organizations.
 - ✓ Informal/ incidental learning has led to the validation of mentoring & coaching.
 - Intuitive learning/ emotional intelligence has led to the use of metaphor & storytelling or the narrative process as legitimate ways of collecting data.RESOURCES:

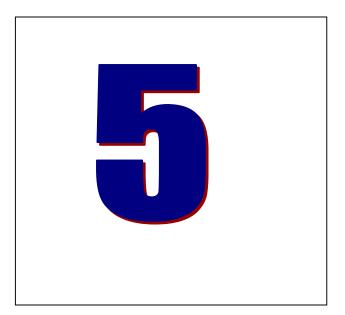
Merriam, S.B. (2001). Andragogy and self-directed learning: Pillars of adult learning theory. (pp. 3 - 13) *New Directions for Adult and Continuing Education*, 89.

Merriam, S.B. (2001). Something old, something new: Adult learning theory for the twenty-first century. (pp. 93-96) *New Directions for Adult and Continuing Education*, 89.

Sandra, K. (2003) *Does adult educator professional development make a difference? Myths and realities* (Report No. 28). Columbus, OH: ERIC Clearinghouse on Adult, Career, and Vocational Education. (ERIC Document Reproduction Service No. ED482331).

Daley, B.J. (2002). Continuing professional education: Creating the future. (pp. 15-17) Adult Learning, 13(4).





Practice Ethical Conduct

NOTES:

Beyond the Ethics Review:

1. Use the AEA Guiding Principles for Evaluators to guide your behavior:

- Systematic Inquiry: Evaluators conduct systematic, data-based inquiries about whatever is being evaluated.
- B. **Competence:** Evaluators provide competent performance to stakeholders.
- C. **Integrity/ Honesty:** Evaluators display honesty and integrity in their own behaviour and attempt to ensure the honesty and integrity of the entire evaluation process.
- D. **Respect for People:** Evaluators respect the security, dignity and self-worth of the respondents, program participants, clients and other evaluation stakeholders.
- E. **Responsibilities for General and Public Welfare**: Evaluators articulate and take into account the diversity of general and public interests and values.

2. Apply The Program Evaluation Standards to improve your program evaluation studies:

- Utility
- Feasibility
- Propriety
- Accuracy

3. Analyze situations of conflict (Bebeau et al, 1995):

- Points of moral conflict
- Interested parties
- Potential consequences
- Obligations to consider

4. Develop your competencies in evaluation work in five domains & become a Credentialed Evaluator (CE):

- Reflective practice
- Technical practice
- Situational practice
- Management practice
- Interpersonal practice

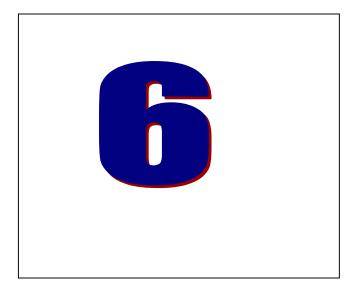
RESOURCES:

Morris, M. (2008). Evaluation ethics for best practice: Cases and commentaries. New York: Guilford.

Bebeau, M. J. et al. (1995). Developing a well-reasoned response to a moral problem in scientific research. *Moral reasoning in scientific research: Cases for teaching and assessment.* Bloomington, IN: Poynter Center.

http://www.eval.org/Publications/GuidingPrinciples.asp





Become Culturally Competent

NOTES:

Culturally responsive evaluation:

- Is based on an examination of impacts through lenses in which the culture of the participants is considered important.
- Is based on the belief that there are no culture-free evaluators, educational tests, or societal laws. Too often nonverbal behaviors are treated as "error variance" in observation and are ignored.
- Multiethnic evaluation teams and cultural guides can increase the chances of really hearing the voices of underrepresented stakeholders/ groups.
- Stakeholders can play a critical role in culturally responsive evaluations and their questions must be heard and addressed. They should be involved in discussing what constitutes acceptable evidence before conducting the evaluation.
- Evaluation results should be viewed by audiences as not only useful, but truthful as well.

A culturally responsive evaluation attempts to fully describe and explain the context of the program or project being evaluated. Here, the evaluator honors the cultural context in which an evaluation takes place by bringing needed, shared life experiences and understandings to the evaluation tasks.

Contextually competent evaluators possess a set of academic and interpersonal skills that allow them to increase and use their understandings and appreciation of cultural and contextual differences and similarities within, among, and between groups. (Thomas, 2005)

Build on the Golden Rule treat others as we want to be treated with the Platinum Rule treat others as they want to be treated. (Symonette, 2005)

Get involved in pipeline activities supported by the AEA or mentoring projects supported by CES.

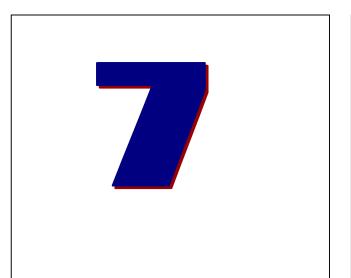
RESOURCES:

Frierson, H.T., S. Hood, & G. B. Hughes. A guide to conducting culturally responsive evaluations. In *The 2002 User-Friendly Handbook for Project Evaluation*. National Science Foundation.

Symonette, H. (2005). Keynote address. 2005 Joint CES/AEA Conference. Toronto, ON.

Thomas, V.G. (2005). Teaching culturally/contextually responsive program evaluation (draft). Howard University.





Foster Self-Awareness, Reflection & Growth

NOTES:

Being an expert has its risks:

- We develop a repertoire of techniques to respond to whatever we find.
- As we become more specialized, we become less and less surprised and our responses become
 more automatic.
- We pay less attention to phenomena that do not fit our pre-conceived categories and develop *a parochial narrowness of vision* (Schön, 1983).

Yet:

- Our environment is fraught with complexity.
- Our technical expertise is limited by situations of uncertainty, instability, uniqueness and conflict.
- Textbook solutions and standards of rigor rarely apply—life is a confusing and messy swamp (Schön, 1987)
- We cannot offer definitive findings but can simply reduce the uncertainty associated with the question ((McDavid & Hawthorn, 2006)

As writer, surgeon, and consummate practitioner, Dr. Atul Gawande (2007) has observed:

...you go into this work thinking it is all a matter of canny diagnosis, technical prowess, and some ability to empathize with people. But it is not, you soon find out. In medicine, as in any profession, we must grapple with systems, resources, circumstances, people—and our own shortcomings, as well. We face obstacles of seemingly unending variety. Yet somehow we must advance, we must refine, we must improve.

So how are we going to do this? Here are seven approaches to reflective practice that have worked for me:

- 1. Mentorships
- 2. Journal writing
- 3. Time out/creative solitude
- 4. Ask unscripted questions
- 5. Count something
- 6. Take part in professional dialogue
- 7. Write something



Tao Te Ching #15

The ancient Masters were profound and subtle.

Their wisdom was unfathomable.

There is no way to describe it;
all we can describe is their appearance.

They were careful as someone crossing an iced-over stream. Alert as a warrior in enemy territory. Courteous as a guest. Fluid as melting ice. Shapeable as a block of wood. Receptive as a valley. Clear as a glass of water.

Do you have the patience to wait till your mud settles and the water is clear? Can you remain unmoving till the right action arises by itself?

The Master doesn't seek fulfillment.
Not seeking, not expecting,
she is present, and can welcome all things.